24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Sche	Schedule E) FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼							
Pla	nned Parenthood Votes		C C00489799				
					0 000400700		
Check if X 24-hour report 48-hour report New report Amends report filed on							
Fu	III Name of Payee				Date of Public Distribution/Disse	mination	
	Planned Parenthood Action Fu		10 08 / Y	2014			
Ma	ailing Address 434 West 33rd Street				Amount		
Ci	tv			36.92			
	ity State Zip Code New York NY 10001				Transaction ID : B537055	00.02	
Dı	urpose of Expenditure				Date of Disbursement or Obligation		
	rinting of advocacy materials		Category/ Type 004		10 08 / Y	2014	
Na	ame of Federal Candidate		X Support	Office	Sought: House Distri	ct:	
К	ay Hagan		Oppose		President X Senate Sta	te: NC	
	Calendar Year-To-Date Per Election for Office Sought	16	663245.05	Disburs 2014	sement For: Primary Other (specify) ▶	G eneral	
Fu	ıll Name of Payee				Date of Public Distribution/Disse	emination	
F	Planned Parenthood Action Fund	d Inc.				2014	
M	ailing Address 434 West 33rd Street	ess 434 West 33rd Street			10 10	2014	
	io i Wook oold Gulook				Amount		
Ci	ity	State	Zip Code			89.60	
N	lew York	NY	10001	1	Transaction ID : B537056		
Pı	urpose of Expenditure		Category/		Date of Disbursement or Obliga	tion	
	ist rental		Type 004		10 10	2014	
N	ame of Federal Candidate		Support	Office	Sought: House Distri	ct·	
T	hom Tillis		Oppose		President X Senate Sta	NC	
\vdash	Onlaw day Wass To Date		Z oppos			General	
	Calendar Year-To-Date Per Election for Office Sought		1663245.05	2014	Other (specify)	<u> General</u>	
(a)	SUBTOTAL of Itemized Independent Expe	anditurae				26.52	
(α)	SOBIOTAL OF HOMIZON HINDOPORTORIN EXPE	matures		•	7 7	20.52	
(b) SUBTOTAL of Unitemized Independent Expenditures							
(2)	TOTAL Independent Expanditures						
(C)	TOTAL Independent Expenditures			·· •	7	-45	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
	Aletheia Henry	[Electron	ically Filed] Date	e 10	M / D D / Y Y Y Y Y T Y T Y T Y T Y T Y T Y T Y	Y	
	Signature						

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	SEI ENSENT EXI ENS	TOTILO		PAGE 2 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Planned Parenthood Votes	5		С	C00489799
Check if 24-hour report 48-	hour report New report	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Planned Parenthood Ac	tion Fund Inc.		M - M	ic Distribution/Dissemination
Mailing Address 434 West 33rd Str	eet		Amount	10 2014
City New York	State NY	Zip Code 10001		166.40 ID : B537057
Purpose of Expenditure List rental		Category/ Type 004	Date of Disb	ursement or Obligation 10 2014
Name of Federal Candidate		Support	Office Sought:	House District:
Kay Hagan		Oppose	President 2	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	16	663245.05	Disbursement For: 2014 Other (sp	Primary X General pecify) ▶
Full Name of Payee Planned Parenthood Action Mailing Address 434 West 33rd S			Date of Publ 10 Amount	ic Distribution/Dissemination / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code		198.05
New York	NY	10001	Transaction I Date of Disb	D: B537060 ursement or Obligation
Purpose of Expenditure List rental		Category/ Type 004	10	15 2014
Name of Federal Candidate		Support	Office Sought:	House District:
Thom Tillis		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	1663245.05	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Indepen	dent Expenditures		▶	364.45
(b) SUBTOTAL of Unitemized Indep	endent Expenditures			1 4 1 4
(c) TOTAL Independent Expenditure	S		>	7
Under penalty of perjury I certify the with, or at the request or suggestion party committee) any political party of	of, any candidate or authorized			
Aletheia Henry	[Electron	ically Filed] Date	e 10 17	2014
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes	C C00489799
Check if X 24-hour report 48-hour report New report Amends re	port filed on
Full Name of Payee Planned Parenthood Action Fund Inc.	Date of Public Distribution/Dissemination
Mailing Address 434 West 33rd Street	10
City State Zip Code New York NY 10001	13700.00 Transaction ID : B537059
Purpose of Expenditure Staff time for voter contact Category/ Type 00	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate X Support Kay Hagan	Office Sought: House District:
Calendar Year-To-Date	President Senate State: NC Disbursement For: Primary General 2014
Full Name of Payee	Other (specify) ▶ Date of Public Distribution/Dissemination
Planned Parenthood Action Fund Inc. Mailing Address 434 West 33rd Street	10 16 / Y Y Y Y Y
404 Wool Cold Ciloot	Amount
City State Zip Code New York NY 10001	Transaction ID : B537058 Date of Disbursement or Obligation
Purpose of Expenditure Staff time for voter contact Category/ Type 00.	4 10 16 7 2014
Name of Federal Candidate Thom Tillis Support Oppose	Office Sought: House District: President
Calendar Year-To-Date Per Election for Office Sought 1663245.05	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	> 27400.00
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	···· >
Under penalty of perjury I certify that the independent expenditures reported herein wer with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Aletheia Henry [Electronically Filed] Da	ate 10 / 17 / 2014

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INT EXILIND	ITOTIES		PAGE 4 OF 4 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼		
Planned Parenthood Votes			С	C00489799		
Check if 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Community Outreach Group LLC			M = M	blic Distribution/Dissemination		
Mailing Address 1110 Vermont Ave N.W. #300			Amount	17 2014		
City	State	Zip Code		50000.00		
Washington	DC	20005		on ID : B537061 sbursement or Obligation		
Purpose of Expenditure Canvass - GOTV		Category/ Type 004	10 ^M	17 2014		
Name of Federal Candidate		Support	Office Sought:	House District:		
Kay Hagan		Oppose	President	Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	16	663245.05	Disbursement For 2014 Other	:		
Full Name of Payee Community Outreach Group LLC			Date of Pu	ablic Distribution/Dissemination		
Mailing Address 1110 Vermont Ave N.W. #300			Amount			
City	State	Zip Code		50000.00		
Washington	DC	20005		n ID : B537062 sbursement or Obligation		
Purpose of Expenditure Canvass - GOTV		Category/ Type 004	10 N	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought:	House District:		
Thom Tillis		X Oppose	President	Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1663245.05	Disbursement For 2014 Other	r:		
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures			•	127890.97		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Aletheia Henry Signature	[Electron	ically Filed] Date	10 / 1			